

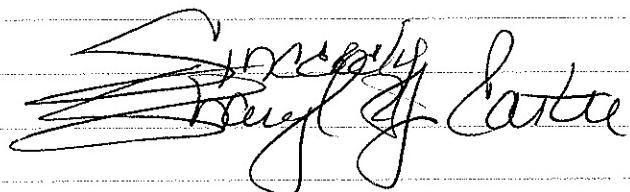
October 29, 2009

Honorable Robert E. Gerber  
United States Bankruptcy Judge  
Southern District of New York - Room 621  
One Bowling Green  
New York, New York 10004

I Shelly J. Laster reside at  
1541 Lakeside Ave #1, Niagara Falls, New York  
14301. My numbers are (716) 328-8072 & (716)  
282-3084.

I received documents from The Barton  
City Group Inc - HHI's Motes liquidation  
Company - P.O. Box 9386, Medina, Ohio  
44237-4386 on Chapter 11 Case No. 07-50026  
(mg). A copy of same enclosed.

Upon Objecting - I agree with all  
Plans. I continue to have to file these  
objections over and over. No one can  
tell me any information. I filed my  
st. of claims and sent certified mail with  
green card signature, return. No someone  
Attorneys, United States Bankruptcy Court  
give me more details.

  
Shelly J. Laster

HEARING DATE AND TIME: November 12, 2009 at 2:00 p.m. (Eastern Time)  
OBJECTION DEADLINE: November 6, 2009 at 4:00 p.m. (Eastern Time)

Harvey R. Miller  
Stephen Karotkin  
Joseph H. Smolinsky  
WEIL, GOTSHAL & MANGES LLP  
767 Fifth Avenue  
New York, New York 10153  
Telephone: (212) 310-8000  
Facsimile: (212) 310-8007

Attorneys for Debtors  
and Debtors in Possession

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF NEW YORK**

In re

MOTORS LIQUIDATION COMPANY, *et al.*,  
f/k/a General Motors Corp., *et al.*

Debtors.

x : Chapter 11 Case No.

: 09-50026 (REG)

: (Jointly Administered)

**NOTICE OF HEARING ON DEBTORS' MOTION  
PURSUANT TO SECTIONS 363(b) AND 105 OF THE  
BANKRUPTCY CODE AND BANKRUPTCY RULE 9010(a) FOR  
APPROVAL OF SETTLEMENT AGREEMENT WITH CERTAIN LABOR UNIONS**

PLEASE TAKE NOTICE that upon the annexed Motion, dated October 14, 2009 (the "Motion"), of Motors Liquidation Company (f/k/a General Motors Corporation) and its affiliated debtors, as debtors (the "Debtors"), for an order, pursuant to sections 363(b) and 105 of title 11, United States Code and Rule 9019(a) of the Federal Rules of Bankruptcy Procedure, approving that certain Settlement Agreement Between and Among GMCo/MLC-IUE-CWA and USW Regarding Retiree Health Care, Life Insurance, Pension Top-Up, and Modification and GMCO Assumption of MLC-IUE-CWA CBA, a copy of which is annexed to the Motion as Exhibit A (the "Settlement Agreement"), and authorizing the Debtors to perform all of their obligations thereunder, all as more fully set forth in the Motion, a hearing will be held before the

The Garden City Group, Inc.  
Attn: Motors Liquidation Company  
P.O. Box 9386  
Dublin, Ohio 43017-4286

Presort  
First Class  
U.S. Post  
PAID  
Philadelphia  
Permit No.

**Return Service Requested**



APS0722471327

SHARYL Y CARTER  
1541 LA SALLE AVE 1  
NIAGARA FALLS, NV 14301

|||||

Rec 10/19/09

<b>United States Bankruptcy Court</b> <b>Southern</b> <b>District Of</b> <b>New York</b>				<b>PROOF OF CLAIM</b> <small>This Space For Court Use Only</small>	
Name of Debtor <i>CHICKEN N' BONES CORPORATION</i>		Case Number <i>1XJ-15024 (REB)</i>			
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>					
Name of Creditor (The person or other entity to whom the debtor owes money or property) <i>Stacey L. Carter</i>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars			
Name and Address where notices should be sent <i>Stacey L. Carter 92 Woolley Lane #C Mayton, Ohio 45415 (937) 461-4353</i>		<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case			
Telephone Number <i>(937) 742-7051 - 302-8D72</i>		<input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.			
<small>This Space For Court Use Only</small>					
Last four digits of account or other number by which creditor identifies debtor: <i>9353</i>		<input type="checkbox"/> Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated: _____			
<b>1. Basis for Claim</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Goods Sold / Services Performed</li> <li><input type="checkbox"/> Customer Claim</li> <li><input type="checkbox"/> Taxes</li> <li><input type="checkbox"/> Money Loaned</li> <li><input type="checkbox"/> Personal Injury</li> <li><input type="checkbox"/> Other</li> </ul>					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)</li> <li><input type="checkbox"/> Wages, salaries, and compensation (fill out below)</li> </ul>					
Last four digits of your SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)					
<b>2. Date debt was incurred:</b> <i>11/20/08</i>					
<b>3. If court judgment, date obtained:</b> <i>June 3, 2009</i>					
<b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. <small>See reverse side for important explanations.</small>					
<b>Unsecured Nonpriority Claim \$</b>					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or c) none or only part of your claim is entitled to priority.</li> </ul>					
<b>Unsecured Priority Claim.</b>					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority</li> </ul>					
Amount entitled to priority \$ _____					
Specify the priority of the claim:					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).</li> <li><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).</li> <li><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).</li> </ul>					
<ul style="list-style-type: none"> <li><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).</li> <li><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).</li> <li><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).  <small>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small> </li> </ul>					
<b>5. Total Amount of Claim at Time Case Filed: \$</b> _____					
(Unsecured)      (Secured)      (Priority)      (Total) <small>Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.</small>					
<b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim <b>7. Supporting Documents:</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.					
<b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim					
Date <i>June 16, 2009</i>					
Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <i>Stacey L. Carter</i>					
<small>Penalty for presenting fraudulent claim: fine up to \$500,000 or imprisonment for up to 5 years, or both - 18 U.S.C. §§ 152 and 3571</small>					

## UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

## PROOF OF CLAIM

Name of Debtor (Check Only One):  
 Motors Liquidation Company (f/k/a General Motors Corporation)  
 GMLCS, LLC (f/k/a Saturn, LLC)  
 GMLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)  
 GMLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.)

Case No. D9-50026(k)(4)  
 09-50026 (REG)  
 09-50027 (REG)  
 09-50028 (REG)  
 09-13558 (REG)

Your Claim is Scheduled As Follows:

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case, but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see item # 8). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): SHARYL Y CARTER

Name and address where notices should be sent:

SHARYL Y CARTER  
1541 LASALLE AVE #1  
NIAGARA FALLS NY 14301-1227

Check this box to indicate that this claim amends a previously filed claim.

Court Claim Number: 39-50026(k)(4)  
(if known)

Filed on: \_\_\_\_\_

Telephone number: (716) 347-3642 & (716) 482-3624  
Email Address: \_\_\_\_\_

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Check this box if you are the debtor or trustee in this case.

If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form, EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

1. Amount of Claim as of Date Case Filed, June 1, 2009: \$ 11,000.00

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2. Basis for Claim: UNKNOWN

(See instruction #2 on reverse side.)

3. Last four digits of any number by which creditor identifies debtor: 4355

3a. Debtor may have scheduled account as: \_\_\_\_\_  
(See instruction #3a on reverse side.)

4. Secured Claim (See instruction #4 on reverse side.)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Nature of property or right of setoff:  Real Estate  Motor Vehicle  Equipment  Other  
Describe: \_\_\_\_\_

Value of Property: \$ \_\_\_\_\_ Annual Interest Rate %

Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ \_\_\_\_\_

Basis for perfection: \_\_\_\_\_

Amount of Secured Claim: \$ \_\_\_\_\_ Amount Unsecured: \$ \_\_\_\_\_

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of "redacted" on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

*No longer needs bank documents*

5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim.

- Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).
- Wages, salaries, or commissions (up to \$10,950\*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4).
- Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5).
- Up to \$2,425\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7).
- Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8).
- Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))
- Other Specify applicable paragraph of 11 U.S.C. § 507(a)(...).

Amount entitled to priority: *\$11,000.00*

\*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: 11/04/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

*Sharyl Y. Carter*

FOR COURT USE ONLY

7008 1830 0002 1394 9579

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE**CERTIFIED MAIL™**

**U.S. POSTAL SERVICE™**  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com)**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

7008 1830 0002 1394 9579

Sent to Honorable Robert E. George - PO 621  
United States Bankruptcy Judge Southern Dist NY  
Street, Apt. No.  
or PO Box No. *ME Building*  
City, State, ZIP+4 *New York, New York 10004*

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Honorable Robert E. George  
United States Bankruptcy Judge  
Southern District of NY-Rm 621  
One Bowling Green  
New York, New York  
10004*

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |

## 4. Restricted Delivery? (Extra Fee)

- Yes

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*The Garden City Corp, Inc  
H.W. Motors Liquidation Company  
P.O. Box 9384  
Kettering, Ohio 43017-4384*

## 2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

## 3. Service Type

- |   |   |
|---|---|
| <input type="checkbox"/> Certified Mail | <input type="checkbox"/> Express Mail                   |
| <input type="checkbox"/> Registered     | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Insured Mail   | <input type="checkbox"/> C.O.D.                         |

## 4. Restricted Delivery? (Extra Fee)

- Yes

7008 1830 0002 1394 8954

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

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For delivery information visit our website at [www.usps.com](http://www.usps.com).**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent to: *Weil Gotshal & Manges LLP  
Att'l. Harvey L. Miller, Stephen Karpukin, Joseph  
Street, Apt. No. 707 P.O. Box 10153  
City, State, ZIP+4  
New York New York 10153*

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Weil Gotshal & Manges LLP  
Att'l. Harvey L. Miller, Stephen Karpukin  
Joseph H. Sindinsky  
767 Fifth Avenue  
New York, New York 10153*

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at [www.usps.com](http://www.usps.com).**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark  
Here

Sent to: *The Cuyahoga City Schools  
Attn: 12445 Reservation Company  
Street, Apt. No.  
or PO Box No. PO Box 4386  
City, State, ZIP+4  
Cleveland, Ohio 44117-4386*

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION****COMPLETE THIS SECTION ON DELIVERY**